Ontario Ministry of Health
Annual Report 1982–83

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Ontario

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To His Honour
The Lieutenant-Governor
of the Province of Ontario

May it please your honour:

It is my pleasure to present the fifty-eighth annual report of the Ministry of Health for the twelve-month period ending March 31, 1983, and the report of the Ontario Health Insurance Plan, as required under the Health Insurance Act.

Respectfully submitted,

Honourable Keith C. Norton, Q.C.
Minister of Health

Index

Message from the Minister 4
Message from the Deputy Minister 5
Organization Chart 6
Hospital Funding 7
The Coming Year 8
Inter-Hospital Co-operation 8
New Hospitals 8
Smooth Rock Falls Hospital 9
New Children's Centre 10
Cancer Clinic 10
Chesley Centre 10
Hospital Expansions 10
Ottawa-Carleton Service 10
Perinatal Committees Formed 11
High Security Isolation Unit 11
BILD Funds 11
CAT Scanners 11
X-ray Safety 12
Hospital Energy Conservation 12
Nuclear Magnetic Resonance Imaging .. 13
Fire Safety 13
The Herbie Fund 13
Hospital for Sick Children Review 14
Salmonella Investigation 14
Nursing Homes 14
Laboratory Services Branch 15
Emergency Health Services 16
Mobile Intensive Care Unit 17
Ambulance Radio System for the North 18
Northern Air Ambulances 18
Mental Health 18
Community Advisory Boards 18
Patient Advocates 19
Community Mental Health Programs . 19
PAL 20
Information and Action 20
Hearing and Mental Health 20
Heseltine Interim Discussion Paper 20
Health Protection and Promotion Act .. 21
Immunization of School Children 22
Public Health Branch 22
Home Care 23
Placement Co-ordination Services 23
Assistive Devices Program 24
Chest Disease Service Restructured 24
Community Health Centres/Health Service Organizations 24
Alcohol and Drug Abuse Programs 25
Underserviced Area Program 25
Physiotherapists Offered Grants 26
Dentists' Incentives Up 26
Dental Coaches 27
Mobile Dental Clinic for the Disabled .. 27
OHIP Kingston Move 27
Ontario Drug Benefit Plan 28
Information for Workers 28
Metrication Office 28
Finance and Accounting Branch 28
Audit Branch 29
Services en français 29
Affirmative Action 31
District Health Councils 31
Ontario Health Council Studies 32
Research Council Established 32
Research Grants 32
Chronic Skin Disease Research 32
Health Discipline Study 33
Chiropody Services 33
Agreement on Specialists 33
Connaught Laboratories Grant 34
Promotional Campaigns Promote Good Health 35
Statement of Revenue and Expenditure 37
Summary of Public Hospital Care 38
Inventory of Approved Institutional Beds 38
Summary of Ontario Home Care Program Activities 38
Vaccine Distributed 39
Summary of OHIP Activities 39
Ontario Drug Benefit Plan 40
Ministry Staff Strength 40

Message from the Minister

Honourable Keith C. Norton, Q.C.
Minister

One of the features of our Cabinet system is that new ministers inherit the fruits of their predecessor's labors and the ensuing credit.

I am particularly fortunate, as this report amply demonstrates, because I have inherited a ministry which is showing leadership, innovation and commitment to the health care system of Ontario.

Much credit for this must go to Larry Grossman whom I succeeded in July 1983. As a result, Mr. Grossman was the Minister of Health for the entire period covered by this annual report and deserves credit for the many accomplishments which it encompasses.

Elsewhere in this report, my deputy minister, Graham Scott, reviews some of the specific challenges and accomplishments of the year.

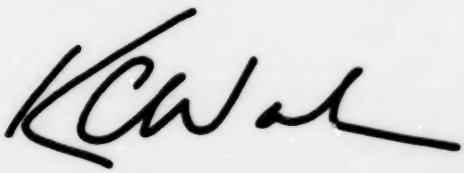
However, I would like to briefly comment on the reviews which have begun of both the health care system and of the various professions involved in the delivery of health care services in Ontario.

Through consultation with a wide range of health care consumers and providers the ministry has been seeking consensus on the future direction which should be followed to provide the kind of health care we will need in Ontario in the next decade and beyond.

I am personally committed to the process and its objectives, and will welcome any advice to help achieve these very important objectives.

I am also looking forward to the review process under way to better define the various health care services available in Ontario, in order that our legislation will accurately reflect the realities of the practice of health care in the years ahead.

It has often been said that Ontario has the finest health care system in the world. We can all be proud of the accomplishments of the Ministry of Health as one of the guardians of this resource in the past year and of the steps which have been taken to ensure its future.



Keith C. Norton
Minister

Message from the Deputy Minister

The beginning of the second century of service provided a challenge for both the resilience and forethought of the Ministry of Health.

For the first time in our history, the medical profession in Ontario adopted a policy of systematic withdrawal of services as part of their negotiating strategy with the ministry. These negotiations were a major pre-occupation of the ministry's senior management in the early months covered by this report.

I am very pleased to report that the system was able to accommodate the stresses of the job action and that any patient dislocation and inconvenience was overcome within a very short time after agreement was reached.

This experience demonstrated the soundness of our basic health care system under stress.

While the ministry undertook a number of new initiatives during the year, I believe our most significant accomplishments were the improvements in both institutional and community services for the mentally ill.

These resulted from a decision to make mental illness a priority of the ministry and will, I believe, provide a much more understanding and sympathetic approach to the problem across Ontario.

To begin the second century of the ministry, the Legislature adopted a new Health Protection and Promotion Act which replaces the historic Public Health Act as the guideline for community health care in Ontario.

As a companion to this, the ministry also received approval for a program of mandatory immunization of schoolchildren.

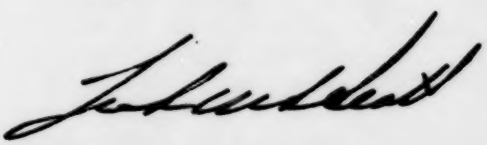
This legislation will, we believe, provide a means to eventually eliminate the recurring problems of childhood diseases such as measles, mumps, tetanus and diphtheria which have often brought tragic consequences in the past.

In spite of the tragedies which precipitated it, the Dubin review of procedures at the Hospital for Sick Children will have long term benefits to that fine institution and to other hospitals in Ontario which may apply some of the recommendations to their operations.

I am also pleased with our capacity to direct resources to deal with emerging needs for extended care, emergency health services and regional planning, to maintain the excellence of our health care system.

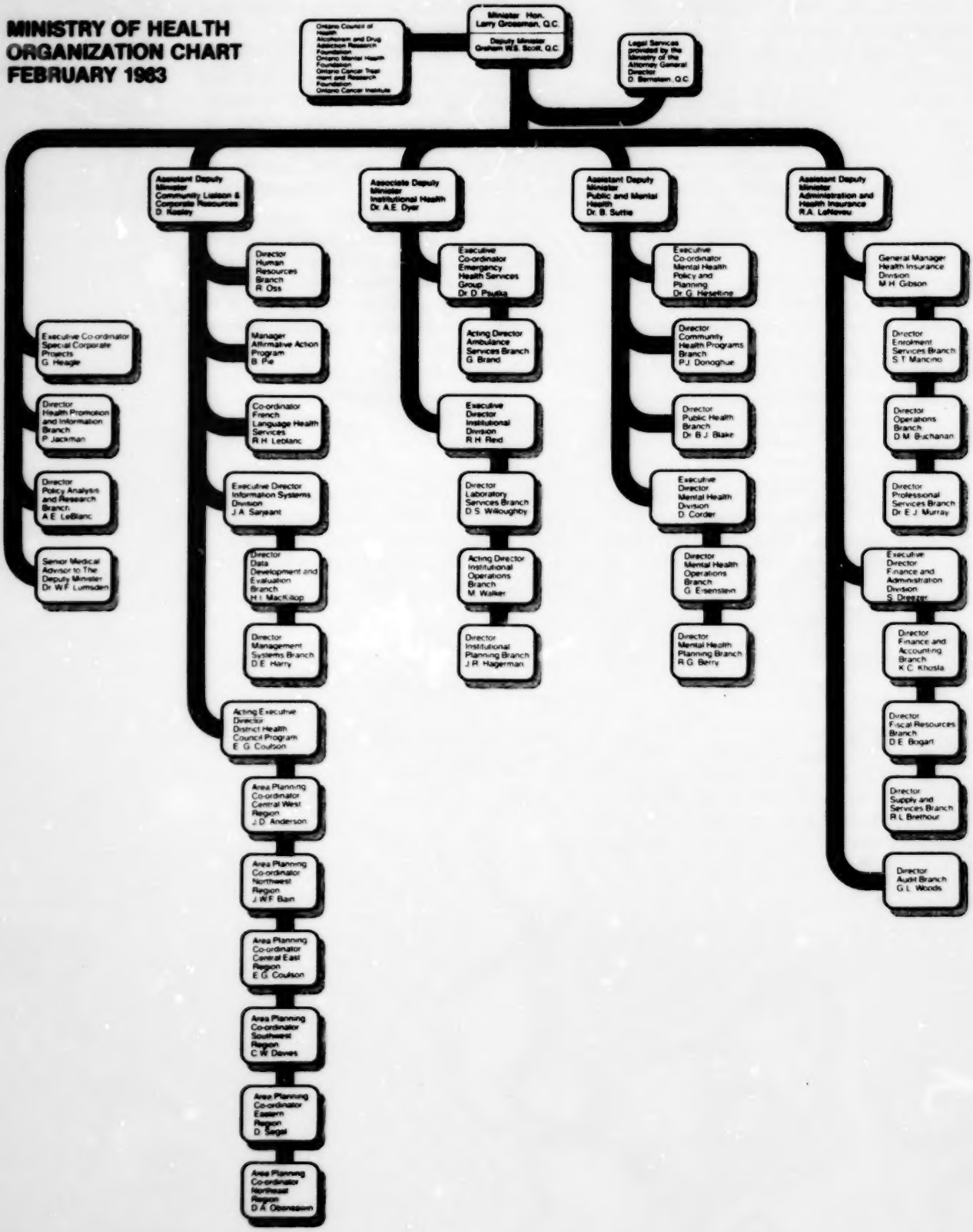
The accomplishments during the year have been due in large measure to the dedicated professionalism of the staff of the Ministry of Health, and I am grateful for their loyalty and support.

Graham W.S. Scott, Q.C.
Deputy Minister



Graham W.S. Scott Q.C.
Deputy Minister

MINISTRY OF HEALTH ORGANIZATION CHART FEBRUARY 1983


Ontario Council of Health
Addiction and Drug Addiction Research Foundation
Ontario Mental Health Foundation
Ontario Cancer Treatment and Research Foundation
Ontario Cancer Institute
Minister Hon. Larry Grossman, Q.C.
Deputy Minister Graham W.S. Scott, Q.C.
Legal Services provided by the Ministry of the Attorney General Director D. Bernstein, Q.C.
Assistant Deputy Minister Community Liaison & Corporate Resources D. Keeley
Associate Deputy Minister Institutional Health Dr. A.E. Dyer
Assistant Deputy Minister Public and Mental Health Dr. B. Suttie
Assistant Deputy Minister Administration and Health Insurance R.A. LeNeveu
Executive Co-ordinator Special Corporate Projects G. Heagle
Director Health Promotion and Information Branch P. Jackman
Director Policy Analysis and Research Branch A.E. LeBlanc
Senior Medical Advisor to The Deputy Minister Dr. W.F. Lumsden
Director Human Resources Branch R. Oss
Manager Affirmative Action Program B. Pie
Co-ordinator French Language Health Services R.H. Leblanc
Executive Director Information Systems Division J.A. Sarpeant
Director Data Development and Evaluation Branch H.I. MacKillop
Director Management Systems Branch D.E. Harry
Acting Executive Director District Health Council Program E.G. Coulson
Area Planning Co-ordinator Central West Region J.D. Anderson
Area Planning Co-ordinator Northwest Region J.W.F. Bain
Area Planning Co-ordinator Central East Region E.G. Coulson
Area Planning Co-ordinator Southwest Region C.W. Davies
Area Planning Co-ordinator Eastern Region D. Segal
Area Planning Co-ordinator Northeast Region D.A. Obonsawin
Executive Co-ordinator Emergency Health Services Group Dr. D. Psutka
Acting Director Ambulance Services Branch G. Brand
Executive Director Institutional Division R.H. Reid
Director Laboratory Services Branch D.S. Willoughby
Acting Director Institutional Operations Branch M. Walker
Director Institutional Planning Branch J.R. Hagerman
Executive Co-ordinator Mental Health Policy and Planning Dr. G. Heseltine
Director Community Health Programs Branch P.J. Donoghue
Director Public Health Branch Dr. B.J. Blake
Executive Director Mental Health Division D. Corder
Director Mental Health Operations Branch G. Eisenstein
Director Mental Health Planning Branch R.G. Berry
General Manager Health Insurance Division M.H. Gibson
Director Enrolment Services Branch S.T. Mancino
Director Operations Branch D.M. Buchanan
Director Professional Services Branch Dr. E.J. Murray
Executive Director Finance and Administration Division S. Dreger
Director Finance and Accounting Branch K.C. Khosla
Director Fiscal Resources Branch D.E. Bogart
Director Supply and Services Branch R.L. Brethour
Director Audit Branch G.L. Woods

Hospital Funding

1982–83 was the year the ministry and Ontario hospitals achieved a breakthrough on a long-standing problem—recurring year-end hospital deficits.

Hospital operating costs absorb nearly half the ministry's annual spending. But despite budget increases in recent years that more than kept pace with inflation and allocations to cover expanding services, hospital deficits continued to rise.

To counter this trend and foster bottom line thinking in hospital management, the ministry introduced BOND or Business Oriented New Development Program on April 1, 1982.

Under BOND, hospitals were permitted to keep any budget surplus they achieved, instead of having to return such funds to the minstry at the end of the fiscal year. Naturally, it was stipulated that hospital "net income" had to be invested in improved patient care facilities or services.

The new policies changed the outlook of hospital management by promoting the concept of hospitals being more business oriented. Hospital management was now provided with the incentive to develop operating cost containment measures and other efficiencies, and to rationalize health services in the community, as well as to increase revenues not directly related to insured services.

Hospitals were allowed to retain any savings realized by pooling clinical resources with other hospitals. They also kept the financial gains from more efficient administration and the sharing by hospitals of administrative or support services.

All revenues and expenditures were consolidated in a new financial reporting system and the bottom line read: no more deficits.

Initial response to the plan was positive, but some hospitals continued to claim that the base figures which the ministry used to calculate their annual budgets were unrealistically low. To end this counterproductive debate, and put hospitals once and for all on a firm financial footing, the government, in October 1982, allocated an additional $110 million to the hospital sector.

Each hospital received a new budget base reflecting what it actually spent to provide services in 1981–82. This amount was then brought forward to 1982–83 with adjustments to cover the costs of inflation and workload growth.

The BOND program and the additional funding made 1982–83 a turn-around year in hospital financing, and as the year ended, most hospitals were reporting higher revenues and productivity. But an even more precise and efficient method of allocating hospital funds is on the way.

A new funding formula was established for hospital budgeting that includes factors for inflation, workload increases, life-support and new programs.

As a further refinement, Health Minister Larry Grossman announced at the annual convention of the Ontario Hospital Association that a new approach based on a performance measurement system for hospitals was being developed. The minister asked the OHA to help design performance indicators which could be used to compare hospitals on the basis of the type of cases and the severity of illnesses they treat.

Such guidelines, reflecting the resource allocation for particular illnesses and injuries, will give us a more logical way to allocate funding increases among institutions, the minister said. The aim is to de-emphasize across-the-board percentage increases and distribute budget adjustments on the basis of hospital workloads and efficiency.

This will also give the hospitals valuable internal management and planning tools.

The Coming Year

In March, the ministry announced an average increase of 10 per cent in provincial hospital grants for the following fiscal year. This increase will bring the government's annual spending for hospital operating costs to $3.63 billion or an average expenditure of $415 for each person in the province.

Inter-hospital Co-operation

Hospitals and district health councils continued to make progress in the rationalization of hospital services, to ensure that patients everywhere in the province have access to a wide range of services without costly duplication or competition among hospitals in the same community.

In June, 1982, Clayton Krug of Peterborough was assigned to promote the co-operative redevelopment of the city's hospitals. Peterborough Civic and St. Joseph's General, in conjunction with the local health council, had agreed in 1981 to upgrade their local services. In March, 1983, Mr. Krug recommended rationalization of several hospital departments with eventual amalgamation of the two institutions as a long-term goal.

In July, 1982, Parry Sound District General Hospital and St. Joseph's Hospital in Parry Sound began a study on shared services. The ministry is covering most of the study costs.

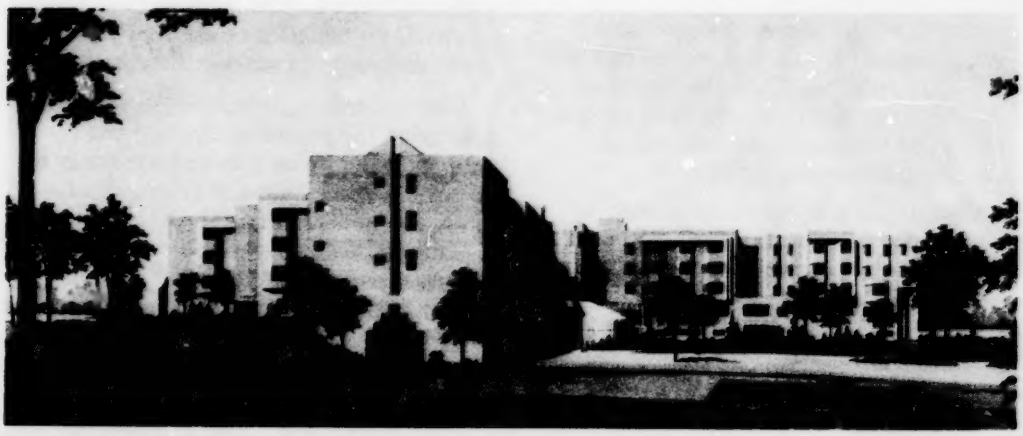
In November, 1982, the ministry gave the go-ahead to the boards of La Verendrye General Hospital in Fort Frances and the Red Cross hospitals in Emo and Rainy River to proceed with plans for amalgamation.

New Hospitals

The ministry approved construction for several new hospitals during the year, and major redevelopment schemes for existing ones.

The new Hawkesbury and District General Hospital, estimated to cost a total of $16.5 million, will include 84 acute care beds and 26 chronic care beds. In addition, facilities will be built to allow new outpatient services such as day surgery, psychiatric services and occupational therapy.

Two of the biggest projects were on the site of the old Westminster Veterans' Hospital in London. In late 1982, construction started on the new 475-bed chronic care Parkwood Hospital. The building will replace Parkwood's existing 186-bed chronic care facilities and the 258-bed chronic care unit for veterans at Westminster. The new hospital will include a day hospital, a unit for young disabled people and a 40-bed special rehabilitation centre.



Artist's concept of the new Parkwood Hospital, London, as seen from the rear of the building.

The province will provide $23.2 million of the total project cost of $42.5 million. The remainder will be shared by Veterans' Affairs Canada and the Women's Christian Association, which now operates Parkwood Hospital.

Construction also began last fall at the Westminster site for Phase I of the redevelopment plan for London's Victoria Hospital. This $75 million project will provide 177 acute care beds and 54 bassinettes, along with the support services needed for its pediatric, obstetric, medical, ophthalmology and coronary care units.

About $50 million is being funded by the ministry. The balance will be provided by Veterans' Affairs Canada, the Victoria Hospital Corporation and the community.

In Mississauga, a sod-turning ceremony took place in October for the new Credit Valley Hospital. This 366-bed facility is expected to open in the fall of 1985.

In June, 1982, approval in principle from the Ministry of Health was given for a new Markham-York Hospital.

The schedule for construction will depend on the availability of capital funds. However, the ministry is encouraged by the hospital's feasibility study and has agreed to share the cost of further study on financing.

The hospital board has taken a most innovative approach, working with the community, and trying to raise all the capital funding for the project.

In the latter part of the year, the ministry approved the calling of tenders to build the 302-bed Scarborough Grace General Hospital. It will replace the Salvation Army's Grace Hospital in downtown Toronto, which has been converted to a chronic care facility.

There will be special emphasis at the new hospital on emergency and out-patient facilities. Provision of day surgery and chronic and psychiatric day care will offer convenient medical services to people not requiring overnight care.

Actual construction of Parkwood Hospital, as seen from the rear of the building. It is one of several new hospitals approved during the year.

Health Minister Larry Grossman takes part in the sod-turning ceremony for The Credit Valley Hospital in Mississauga. (l. to r. Dean M. Sane, President, The Credit Valley Hospital, Mississauga; Mississauga Mayor Hazel McCallion, Larry Grossman).

Smooth Rock Falls Hospital

In Northern Ontario, Smooth Rock Falls Hospital received approval to begin preliminary planning for a new centre to replace the existing hospital. The new institution is expected to include an expanded in-patient capacity of up to 37 acute and extended care beds.

This hospital will be the first major undertaking by the Ministries of Northern Affairs and Health under the Northern Extended Care Capital Assistance Program, which will enable smaller communities in the north to provide nursing home care under the auspices of their local hospitals.

New Children's Centre

Simcoe Hall Children's Centre in Oshawa received ministry approval to construct a new building to accommodate 300 to 350 children. The centre now serves 280 children.

The centre provides assessment, diagnosis, treatment and educational services for physically handicapped children.

Cancer Clinic

The ministry worked closely with the Ontario Cancer Treatment and Research Foundation and the Princess Margaret Hospital in Toronto to plan a new cancer treatment centre at the Laurentian Hospital in Sudbury.

Chesley Centre

Approval was given by the ministry during the year for a new health care centre, to be built at a cost of almost $2 million on the property of the Chesley and District Memorial Hospital.

Expansion and renovation of Peel Memorial Hospital in Brampton. A new six-storey wing is being constructed to include an intensive care unit, a cardiac care unit and a burn unit.

The new 20-bed facility offers general medical care, outpatient services, limited day surgery or day treatment, inpatient convalescent and chronic care and day programs for the elderly. The ministry provided a capital grant of $1.4 million for the project, and the hospital and the community raised the remainder.

Hospital Expansions

In June the minister announced a $19.1 million construction and renovation project for a new six-storey wing at Peel Memorial Hospital in Brampton.

The new wing will consist of an expanded surgery suite, a 12-bed intensive care unit, an eight-bed cardiac care unit and a six-bed burn unit. Space has been allocated on two floors for another 120 medical/surgical beds.

This project will receive $12 million from the ministry.

The Salvation Army Grace Hospital in Windsor received ministry approval for renovations and construction of a new wing.

The new wing includes a perinatal unit with 26 bassinettes and eight adult beds plus labor and delivery rooms.

Of the $10 million cost, the ministry will contribute about $7.5 million.

Ottawa-Carleton Service

The ministry also approved a new program in the Ottawa-Carleton Region: the Elisabeth Bruyère Health Centre introduced palliative care services. The 100-bed chronic care hospital, which was already undergoing renovations during the year to provide another 100 chronic beds, added up to 30 more beds for the new program. Palliative care seeks to improve the quality of life for terminally ill patients.

Perinatal Committees Formed

Six regional perinatal committees formed throughout the province this year will recommend programs to improve services for mothers and children from early pregnancy through the newborn's first week of life.

Each committee will design programs to increase the education of women in perinatal health, to promote the identification and proper treatment of problems early in pregnancy, and to provide special care for high-risk mothers and newborns.

The committees are working to develop a co-ordinated regionalized system for the delivery of expanded perinatal services.

There are perinatal treatment facilities for high-risk mothers and infants in major teaching centres in Toronto, London, Ottawa, Kingston and Hamilton. During the year, Women's College Hospital in Toronto expanded its 30-bed perinatal unit to 48 beds. A perinatal unit of 30 beds is being developed at Mount Sinai Hospital in Toronto.

In addition, regional modified perinatal facilities are planned for Windsor, Sudbury, Sault Ste. Marie and Thunder Bay.

High Security Isolation Unit

A $1.8 million isolation unit being funded by the ministry at the Toronto General Hospital will aid in diagnosis and treatment of people suspected of having dangerous and highly contagious tropical diseases.

Because more people are travelling outside Canada there is an increasing risk of exposure to such highly contagious diseases as Lassa fever, for which there is no proven cure. The isolation unit will be one of the finest in North America. It will provide maximum care for victims, as well as protection for the general public and health care workers. It is expected to be ready for use in 1984.

A mother tends her infant, who is in an incubator in the expanded perinatal unit at Toronto's Women's College Hospital.

Bild Funds

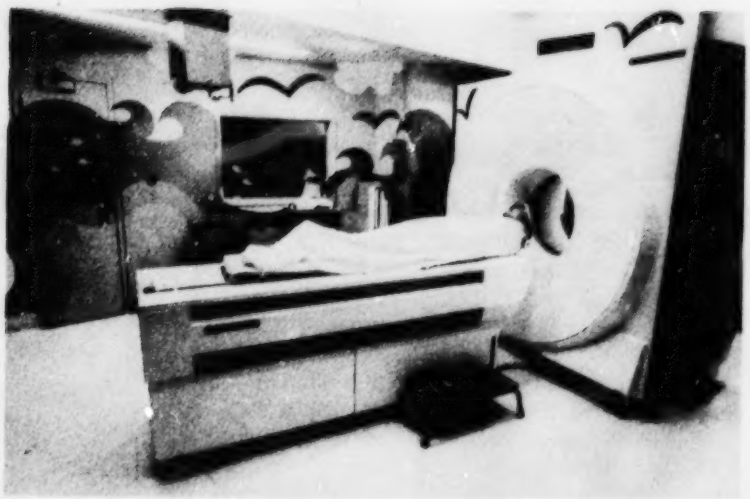
In November, the Board of Industrial Leadership and Development (BILD), provided the ministry with $9 million for its capital construction program.

These funds come from $50 million provided by the government for direct job creation projects.

The extra funding from BILD allowed the ministry to move ahead more quickly with labor-intensive projects already approved by district health councils, and should produce hundreds of jobs over a two-year period as hospitals go ahead with construction and renovation work.

Cat Scanners

Ontario now has 26 CAT scanners. The ministry this year approved installation of the computerized axial tomography scanners at St. Catharines General, London's St. Joseph's Hospital, Hamilton's Henderson General Hospital, Oshawa General and the Children's Hospital of Eastern Ontario in Ottawa.



A patient at Toronto's Hospital for Sick Children undergoes a CAT scan diagnosis.

The scanners use narrow X-ray beams, radiation detectors and computer print-outs with a video screen to examine cross sections of the body in minute detail. CAT scan diagnosis involves a minimum of risk and discomfort to patients.

The ministry provides $150,000 per year toward the costs of operating the scanners, and has established general guidelines of one unit for every 300,000 people.

X-ray Safety

An X-ray safety upgrading course was begun in colleges of applied arts and technology throughout the province this year. The one-week "Radiation Protection Course for Dental Assistants", was designed under the auspices of the Healing Arts Radiation Protection (HARP) Commission for the approximately 2,000 currently employed dental auxiliaries who have had no formal training in dental radiography. It is hoped all dental assistants will have taken the course by the end of 1983.

Another development in this area was a prototype quality assurance program set up in the radiology department of Toronto's Wellesley Hospital as a model for other hospitals. The project involves a series of tests to determine if machines, procedures and the people using them are meeting standards. The goal is a safer and more efficient operation.

Quality assurance programs should result in prevention of radiation-induced sickness and net cost savings.

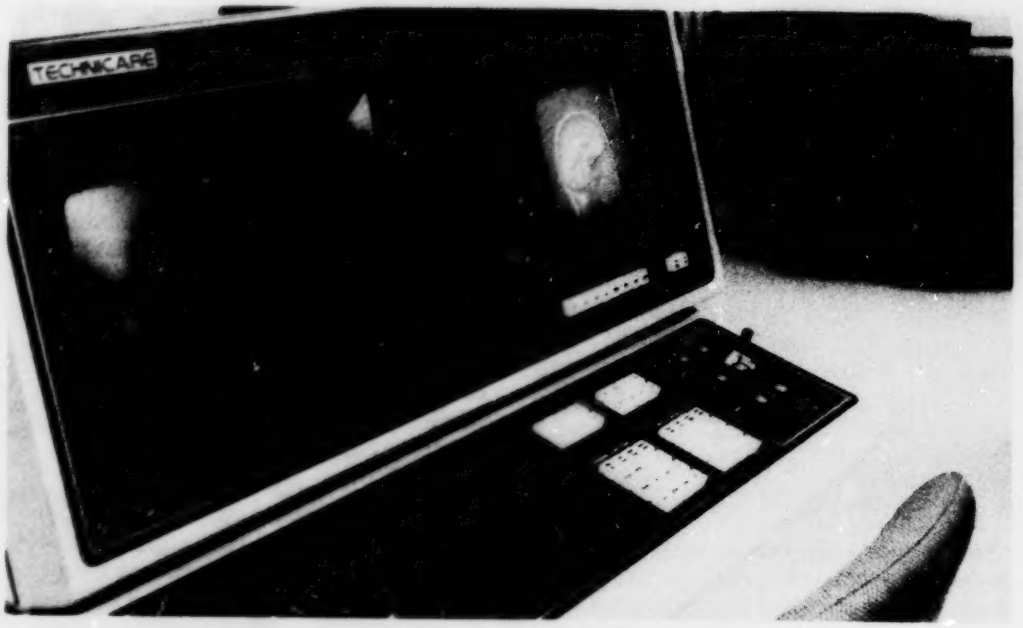
Hospital Energy Conservation

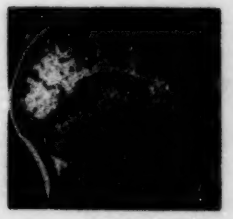
In collaboration with the Ministry of Energy, the Ministry of Health continued a 1981 program to help Ontario hospitals conserve energy by converting from imported to domestic fuel. The majority of these conversions involve dual-firing equipment installations which use natural gas as the primary fuel with a light oil reserve system. During the year, 12 oil to gas conversions were begun.

To help hospitals which have no present alternative to oil, the ministry continues to fund energy conservation studies under its "reduced oil" program.

Several hospital renovation and expansion projects involved hospital energy use. For example, the ministry gave the Kirkland and District Hospital approval to award a $724,000 contract for a major energy management project. This project includes improvements to heat systems, the rearrangement of ventilating systems, and utilization of waste heat to preheat the hospital's domestic water system.

The ministry also approved a $50,000 contract to increase energy efficiency at Port Hope and District Hospital.





The nuclear magnetic resonance imager produces pictures based on the responses of atomic nuclei in a magnetic field.
Photo: The Ontario Cancer Institute/Princess Margaret Hospital.

Nuclear Magnetic Resonance Imaging

Two London Hospitals, St. Joseph's and University, along with the Princess Margaret Hospital in Toronto, are the first hospitals in Canada to obtain the newest "high tech" diagnostic equipment: nuclear magnetic resonance (NMR) imaging.

In February, 1983, the ministry approved the acquisition and installation of the new equipment for research purposes. NMR reveals biological and physiological information about tissues that is not obtainable from X-rays, nuclear medicine or ultrasound, and with no exposure to radiation.

Fire Safety

Ministry professional and technical staff co-ordinated production of two publications dealing with electrical systems and fire safety: "Guide for Electrical Systems in Patient Care Areas in Hospitals" and "Fire Safety Guidelines for Homes for the Aged, Nursing Homes and Hospitals".

The Herbie Fund

In 1979 Herbie Quinones, a child from New York City, was treated at the Hospital for Sick Children in Toronto for a life-threatening breathing problem that could not be treated in his home city. Physicians and surgeons and the hospital donated time and services, and sympathetic Ontario citizens rallied to cover the rest of his costs, so enthusiastically in fact, that there was money left over. The Herbie Fund was continued, with the enthusiastic leadership of Paul Godfrey, Chairman of Metropolitan Toronto, and made available to help needy youngsters from all over the world who come to Sick Children's.

This fiscal year, as a ministry centennial project, the minister announced a grant of $50,000 to the fund.

In each case, the child is assessed by a hospital specialist whose recommendation for treatment is reviewed by a five-member hospital committee. Treatment, transportation where necessary, and assistance for the family while in Toronto, are paid from the fund.

The original Herbie, a child from New York City whose treatment at the Hospital for Sick Children for a life-threatening breathing problem inspired the Herbie Fund. The fund helps children from other countries who come to the hospital for treatment not available where they live.
Photo: The Toronto Star

Hospital for Sick Children Review

In May and June, 1982, following the tragic and troubling series of infant deaths at the Hospital for Sick Children, the ministry assembled a four-member committee to review the hospital's management, administration and quality of care.

Under the leadership of Mr. Justice Charles Dubin of the Ontario Supreme Court, the committee was asked to pay special attention to procedures to ensure patient safety. Its report, made public in February, 1983, contained 98 recommendations including several dealing with the issues of medication control and the surveillance of mortality patterns at the hospital.

The minister circulated the report to all Ontario public hospitals and asked them to review its contents against their own operations and to advise him of any changes they planned in their policies and procedures.

Salmonella Investigation

Another document given wide distribution across the province as a guide for institutions was the May, 1982, report of Dr. Ian Duncan, professor of medical microbiology at the University of Toronto and director of the microbiology department at Sunnybrook Medical Centre, and John Carter, president at Greater Niagara General Hospital.

The two experts had been appointed to investigate the handling of the salmonella outbreak at Peterborough Civic Hospital the previous December.

Salmonella, a common infection in the general population, can become a serious problem in health facilities. The Duncan-Carter report made several recommendations on infection control and related procedures.

Nursing Homes

In 1983 the Minister announced that new initiatives would be taken to improve the quality of care in nursing homes and to ensure that nursing homes offer not only the necessary physical amenities but also the services which contribute to the quality of human life.

In a speech to the Ontario Nursing Home Association, Minister Larry Grossman called for more homes to undergo the voluntary accreditation procedure, and urged nursing homes to step up their efforts to establish resident councils, as a further development in providing residents with a greater say in the operation of their "homes".

The Ministry approved more than 300 chronic care hospital beds and another 500 nursing home beds. Preference in awarding new beds to operators was given to those willing to admit residents needing more than 1 1/2 hours of care.

The enforcement of existing regulations was stepped up, and the Ministry announced its intention to take any steps necessary to correct problem areas in nursing homes. Inspections were carried out rigorously, resulting in an increase in licence revocation actions and prosecutions.

Emphasis was on intensified fire safety inspections of homes throughout Ontario. This process identified a number of nursing homes with structural fire safety deficiencies and the owners were ordered to bring their facilities into compliance.

Subsequently the Ministry initiated 20 licence revocation actions and the homes in question were brought into compliance or replaced.

Throughout the year the Ministry continued its aggressive approach to inspections and introduced even more stringent procedures for compliance plans.

As a result of ongoing problems at the Ark Eden Nursing Home in Stroud, a special provincial supervisor was appointed to oversee the care of its 42 developmentally handicapped residents.

The Minister also announced that legislation was being drafted which would give the ministry the authority to seize and operate a nursing home while it is undergoing the lengthy licence revocation and appeal process.

Laboratory Services Branch

The Laboratory Services Branch provides a province-wide service for the detection of disease.

The central public health laboratory in Toronto and the 12 regional labs analyzed more than 3.2 million specimens this year.

Increased isolation and detection rates were noted in bacteriology, virology, serology and mycology and a new serotype of Legionella (the bacteria that causes Legionnaire's disease) was isolated at the central laboratory.

The central laboratory is the acknowledged expert in Legionella, the reference centre for Treponema pallidum immobilization (TPI) testing, and the national centre for Yersinia and rabies testing.

There were increased requests for tests for sexually transmitted diseases. As a result, Chlamydia testing services were offered by 10 of the laboratories. There were also increased requests for hepatitis testing as a result of the introduction of the new hepatitis vaccine.

Residents of a nursing home enjoy playing bingo. The ministry increased the number of nursing home and chronic care beds during the year.

All laboratories worked with local health units on community and public health needs such as the neonatal screening program and the arbovirus (encephalitis) surveillance program.

The laboratories received research grants for hepatitis testing, the development of new serologic test procedures in histoplasmosis and viruses, and water testing.

Technicians discuss a specimen at a public health laboratory in London.

A patient is transferred from a land ambulance to an air ambulance.

Emergency Health Services

The Ministry this year began to put in place the building blocks for a comprehensive emergency health service system across the province. The year's planning set the stage for a range of new initiatives from the training of paramedics to the development of trauma care programs.

The Emergency Health Services Group, in its first full year of operation at the ministry, formulated a five-year plan for the implementation of the EHS concept and the 15 elements it should include.

To find a consensus on the direction hospital emergency care should take, the ministry held a workshop with the Emergency Nurses' Association of Ontario, the Ontario Hospital Association and the Ontario Medical Association.

The participants agreed that if patients are to have quick access to the type of critical care they need, hospital emergency facilities have to be organized into categories and have to be rationalized across the province. Centres for trauma, burns and sexual assault, for example, should be designated in each region and equipped with the best technology and staff.

As the first practical step, the ministry did a survey of hospital emergency resources and capabilities to be used as the data base for categorization.

The ministry has requested district health councils to set up committees to review emergency health needs and resources in their communities. EHS group staff have met with the DHCs to assist them with regional planning.

Ministry officials have also met with hospital administrators, medical staff, ambulance operators and municipal authorities to promote the concept of a comprehensive EHS system and to seek advice.

The first responder to emergencies is the initial link in the emergency services chain. Citizen cardio-pulmonary resuscitation (CPR) and first aid have been shown to increase the survival rate of emergency victims dramatically. To begin mobilizing the public, the ministry initiated a government employees' first response program to train civil servants in first aid and CPR. The first training course was held in January.

Displays and information booths were mounted at the Canadian National Exhibition and other fairs and events to heighten public awareness of the citizen's role in emergency health.

Specially trained emergency physicians will be needed to staff the system. This year the ministry funded 15 postgraduate training positions in emergency medicine, the first time it has supported posts in this field. The Royal College of Physicians and Surgeons prepared to hold its first certifying examinations for these specialists and the College of Family Physicians this year held its first certification exams in emergency medicine.

During the year the ministry also laid the groundwork for training another part of the emergency services team—paramedics to begin advanced life support procedures at the emergency scene and in transit to the hospital. A curriculum advisory committee was created to develop the framework for the training programs scheduled to start in 1983–84.

Mobile Intensive Care Unit

Ontario's first mobile intensive care unit went into service in London in November. This mini-hospital on wheels is being used to transport critically ill and injured patients from community hospitals in the Thames Valley area to the London tertiary care centre, which includes the Victoria, St. Joseph's and University Hospitals.

Fitted for advanced life support, the vehicle contains a repeater-type radio which allows cardiac monitoring and direct communications from the patient's side to the receiving hospital. Other features include a cardiac monitor/defibrillator used in the resuscitation of heart attack patients, advanced equipment for respiratory failure and a stock of life-supporting drugs.

The vehicle was developed using the experience gained from the ministry's five air ambulances. It in turn will help the ministry improve ways of handling short-distance land transfers.

The province's land ambulance system responded to 695,200 calls during the year and carried 596,805 patients.

A communications system is vital for an effective emergency health service. This year improvements to central ambulance dispatching continued. The aim is a single command post in each region that will co-ordinate ambulance, health and hospital services.

To assist in the purchasing of new ambulance vehicles, their maintenance and replacement, the ministry computerized its fleet management during the year.

Below left: Health Minister Larry Grossman inspects the new mobile intensive care unit in London. Photo: Bill Ironside, London Free Press

Below right: The ministry's first mobile intensive care unit is fitted for advanced life support. It is used to transport critically ill and injured patients in the London area.

The radio dispatch centre in Sault Ste. Marie links air and land ambulances with major hospitals and is part of the Northern Ontario Ambulance Radio System (NOARS).

Ambulance Radio System for the North

The Northern Ontario Ambulance Radio System (NOARS), which joins six hospitals and seven ambulance services covering more than 19,000 square miles, was officially opened by Health Minister Larry Grossman in Sault Ste. Marie this year.

Environmental conditions north of Lake Superior combined with the vast distances between communities had previously made radio contact difficult and sometimes impossible. The new system, which does not depend on telephone lines, has greatly increased the reliability of radio communications for a more effective emergency health services network.

The $910,000 installation, funded by the Health Ministry, includes an air to ground communications link allowing contact between air ambulances and major hospitals and ambulance dispatch centres.

Northern Air Ambulances

The four northern air ambulance services carried 8,694 patients during the year, and became established as a permanent ministry program.

The ministry, with help from the Ministry of Northern Affairs, completed the construction of 14 heliports during the year as part of its continuing campaign to upgrade the air service.

Mental Health

The ministry focused its efforts this year on enhancing mental health care in Ontario by seeking a better balance between institutional and community-based services.

Health assumed the role of lead ministry in all matters relating to adult mental health care. The ministry pledged to ensure that patients' non-medical needs such as housing and social services were brought to the attention of the appropriate ministries, agencies or local government.

District health councils were requested to undertake a review of all mental health services in their communities and to recommend steps to meet local requirements. The ministry itself began an examination of the 10 psychiatric facilities with an emphasis on their relationship to psychiatric units in more than 60 general hospitals in the province.

Community Advisory Boards

Unlike public general hospitals, the 10 psychiatric insitutions are operated directly by the ministry. In May, 1982, Health

Minister Larry Grossman announced plans to establish community advisory boards for eight of the facilities in order to increase regional involvement in management.

Appointment of a board for the Queen Street Mental Health Centre was deferred pending completion of the existing advisory committee's mandate, and an advisory board will soon be established at Penetanguishene Mental Health Centre.

Reporting directly to the minister, the new boards will both promote community understanding of mental health issues and convey local needs and priorities to the hospital. The boards will offer advice and expertise and will provide liaison between the hospital and other health agencies to co-ordinate the planning of mental health services.

Patient Advocates

In December, 1982, the ministry announced the implementation of a patient advocate program for the 10 psychiatric hospitals.

Eleven advocates, two for Queen Street, the largest hospital, and one for each of the others, were hired. A program co-ordinator, who reports directly to the deputy minister, was appointed at the same time. The main duties of the advocates are to respond to inquiries and investigate complaints by patients or their families, to assist in referring patients to appropriate services including legal services, and to make recommendations to the ministry about ways of improving patient care and living conditions in the hospitals.

Appointment of the advocates has reinforced the protection of patients' rights while providing patients with useful information during their hospital stay.

Community Mental Health Programs

Upon leaving hospital, many discharged psychiatric patients require comprehensive rehabilitation and support services to help them re-enter the mainstream of society. To meet this need, the ministry accelerated the development of community-based programs ranging from crisis intervention projects to supportive housing programs.

In May, 1982, the ministry awarded funding for 19 new and six expanded adult community mental health programs.

In Metro Toronto, for example, four new supportive housing programs were launched with a combined operating budget of more than $550,000 and a capital expenditure of more than $26,000. In all, the new housing initiatives provided an additional 57 beds for ex-psychiatric patients in Metro, raising the total to 123.

Three other Toronto programs received a total of more than $300,000 to provide mental health services for Chinese and Vietnamese-speaking residents of the city, to create a native community crisis intervention team and to establish a psychogeriatric home visiting service for east-end Metro.

A group home for discharged psychiatric patients in Toronto. The ministry approved grants to six new housing-related programs in Metro this year and provided funds for expansion of four established programs.

In Northern Ontario, $125,000 was allocated to a community mental health program in Kenora. The project provides consultation and education services to voluntary groups, social agencies and professionals, as well as assessment and treatment services to persons with mental health problems.

In Cochrane, outpatient services received a $63,000 boost to provide counselling and follow-up care for discharged patients.

Ottawa General Hospital was awarded $190,000 to expand its psychogeriatric service offering bilingual consultative and treatment services to outpatients over the age of 60. A sum of $108,000 was given to Mental Health/Hamilton to introduce a community care enrichment program to teach life skills to discharged psychiatric patients with the aim of helping them manage daily life.

New programs in the southwest include a London housing facility, which received $114,000 in capital and operating funds to accommodate up to 10 residents.

In a further initiative the ministry in December announced funding of $430,000 to implement a new model of aftercare at Archway, a satellite clinic of the Queen Street Mental Health Centre in Toronto. This provided for the hiring of 10 case managers to co-ordinate the provision of community services for clients, including appropriate housing, vocational training and social and medical support.

The ministry also provided annual funding of $125,000 for an outreach program for former psychiatric patients to be operated by St. Catharines General Hospital.

PAL

As a ministry component of Winter Experience 1982–83—a job creation initiative of the Ontario Youth Secretariat —$300,000 was allocated to a new project called PAL or Psychiatric Assistance and Leadership.

PAL provided short term jobs and job training for former psychiatric patients or for unemployed youths, who worked in the community to help former psychiatric patients. About 100 young people were employed through 12 community-based mental health organizations.

Information and Action

In conjunction with the Ontario Division of the Canadian Mental Health Association, the ministry initiated a $1.5 million program to inform the public about mental illness. The program will help the public understand that the natural, supportive environment of the community has proven an essential key to the process of restoring mental health.

Hearing and Mental Health

A grant of $6,525 was made by the ministry this year to the Canadian Hearing Society toward costs of a conference which explored relationships between mental health and deafness.

There are about 75,000 deaf people in Ontario, and their communication handicaps can create frustration and isolation. The conference was held to make the public and health professionals aware of the needs of the deaf and to acquaint hearing impaired people with community mental health services.

Heseltine Interim Discussion Paper

An interim discussion document that was released in January, 1983 began an in-depth, comprehensive look at Ontario's mental health care system and at the relationships between institutions and the community.

The study was undertaken in 1981 by Dr. Gilbert Heseltine, who is chief of psychiatry at University Hospital in London and chairman of the department of psychiatry at the University of Western Ontario.

The interim discussion document outlined the history of the provincial mental health system and presented several concepts to

achieve further progress. The document was intended to attract comments from interested people and groups across the province. Based on these responses and recommendations, a final discussion document outlining potential new directions for the health care network is expected to be completed in late 1983.

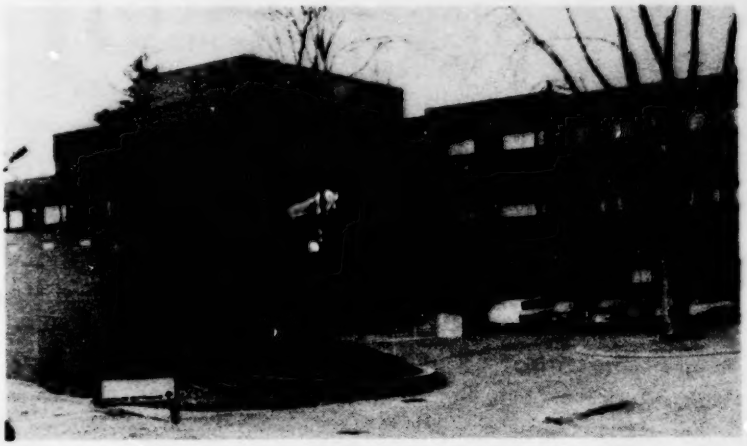
Among its findings, the interim paper notes that less than 25 years ago, in 1960, one half of Canadians in mental institutions had been hospitalized for more than seven years. It indicates that, at that time, long-stay patients were more likely to spend their lives in institutions than to be discharged.

Today, most hospital stays for psychiatric problems are short: 65 per cent of patients spend less than two weeks in hospital and nine out of every 10 spend less than one month.

This trend toward earlier discharge from hospital requires appropriate support services in the community so patients can make the necessary adjustments. The paper notes, however, that community attitudes have not kept pace with the development of new treatments.

To address this, the document offers a model of community mental health services in which a general hospital in each region would be assigned a pivotal role in the mental health system. The pivotal hospital would provide most inpatient care in the region, would be the regional crisis stabilization and crisis intervention centre and would take a leadership role in developing outpatient and community-based support services including housing.

This year saw the beginning of a demonstration of the pivotal hospital concept at the Owen Sound General and Marine Hospital. The Grey-Bruce District Health Council and the hospital are working with the ministry on this initiative. The results will be carefully evaluated. Whitby Psychiatric Hospital will take this pivotal model into consideration in planning for its own future development.



The internationally-recognized Donwood Institute received more than half a million dollars in additional funding for its very successful alcohol and drug abuse program.

Alcohol and Drug Abuse Programs

Alcohol and drug abuse programs across the province were expanded this year with more than $1 million in new money from the ministry.

More than half a million dollars in additional funding was awarded to the internationally-recognized Donwood Institute. This institution began an alcohol and drug abuse program in 1980 that has had a considerable success: about 80 per cent of patients continued to abstain from alcohol or drugs after 12 months in the program and 70 per cent after 18 months in the program.

The ministry was already funding the daytime sessions of counselling and instruction which make up the heart of the program. The new funds will cover costs of evening sessions. Donwood treats about 180 patients per year in the evening.

New funding also went to the Brant County Alcohol and Drug Abuse Centre; to Ottawa's Fraternity House/Maison Fraternité, a halfway house for alcoholics; and to Maison Renaissance in Hearst, a residential treatment centre which provides services in French.

In August the ministry announced $446,425 in grants to finance 15 existing alcohol and drug abuse programs throughout Ontario.

Health Protection and Promotion Act

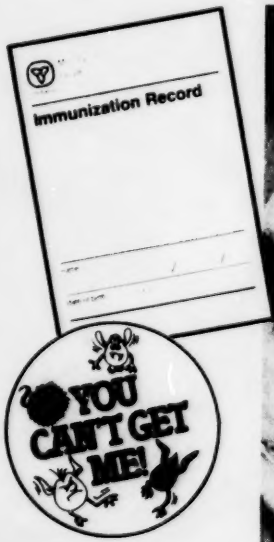
After several years in preparation, wide consultation, and a thorough examination by the Legislature's Standing Committee on Social Development, the Health Protection and Promotion Act received third reading on February 14, 1983. This Act replaces the Public Health Act—which is founded on legislation created in the late 1800s—the Sanatoria for Consumptives Act and the Venereal Diseases Prevention Act.

The new Act will not radically change programs already offered by many of the 43 public health units in the province, but it will create uniform minimum standards for all public health units.

Core programs emphasizing preventive medicine, immunization, home care and other community-based initiatives will be available to all Ontarians as the result of the new Act.

Specifically, there are seven core programs: community sanitation, communicable disease control, preventive dentistry, family health, home care services, nutrition and public health education. They provide counselling, inspection and the delivery of specific services to the general public.

A child is immunized at the Kingston, Frontenac and Lennox and Addington Health Unit in Kingston. Posters and stickers were part of the advertising campaign that informed the people of Ontario of the new universal immunization program, and record cards were distributed.



To give each health unit a chance to arrange its programming and staff to meet these new standards and provide all the required programs, the core program provisions will be phased in over a period of time.

Ministry funding to support the core programs will be made available on the usual basis of cost-sharing with the municipalities.

Immunization of School Children

In 1982 the ministry took a major step in preventive medicine by introducing a law to protect school children and their families from the spread of dangerous "childhood diseases".

The Immunization of School Pupils Act, introduced in September, is directed at diphtheria, tetanus, polio, measles, mumps and rubella.

The minister called upon medical officers of health to make sure that all students in the school system be immunized as soon as was humanly possible.

Just months after the legislation was passed public health officials, with the support of the Ministry of Education and concerned parents, launched a full scale immunization program in the Ontario school system.

First to be immunized were the new school enterers, the youngest and most vulnerable students. Phase II for older primary and secondary school students is now well underway, with the target for completion September 1984.

Under the legislation pupils must provide proof of immunization or acquire the necessary immunization. Exceptions can be made on medical grounds or because of religious beliefs.

Medical Officers of Health are authorized to order suspension from school of any pupil refusing immunization and not exempt, and in times of disease outbreak to order suspension of any child not fully protected from the diseases.

It is a tribute to our health units that they were able to redirect their resources to this important program and achieve an average 95 per cent immunization rate among new school enterers in most parts of the province.

During the first year of the immunization program the ministry distributed, free-of-charge to health units, about 1.8 million doses of vaccine valued at approximately $7.4 million.

Public Health Branch

The Public Health Branch, for the first time, provided full financial support to selected physicians while they trained to qualify for medical officer of health positions. This support will help counter the shortage of qualified candidates for these important positions in community medicine. Physicians agree to work as medical officers of health for at least as long as the period during which they received financial support.

The Public Health Branch also provided workshops to the public health units and their boards on such subjects as the development of policy and procedure manuals, milk storage and transportation, school health and continuing education of staff.

A news bulletin was distributed quarterly to assist in information sharing among the 43 health units.

Home Care

The ministry is placing more and more emphasis on long-term care, primarily to meet the needs of the growing number of elderly people. There are now 886,700 people 65 years or older in Ontario but, by the year 2002, there will be some 1,380,000.

For many people with chronic illness, their own homes—rather than institutions—are the best places for treatment and continuing care. Through the ministry's chronic home care program, most regions of the province can now offer help to keep patients among familiar surroundings, family, friends and neighbors.

A public health nurse visits an elderly patient as part of the ministry's home care program.

At the beginning of the year there were 21 chronic home care programs in place in the province. Another 13 programs were added during the year, with the whole province expected to be covered by the end of 1983–84.

Patients are referred to the chronic home care program by their doctors, and can receive nursing care, nutritional counselling, speech therapy, occupational therapy and physiotherapy, on a home visiting basis. In addition, homemaking support may be provided for up to a maximum of 80 hours in the first month of care, and a maximum of 40 hours each subsequent month. Drugs, dressings and sick room equipment are also benefits if needed.

These services have been available throughout the province under the ministry's acute home care programs for short-term illnesses, where the average length of care is 30 days. The extension to long-term patients under the chronic home care program started in 1975. The average length of care under the chronic program is 135 days.

New chronic services were added to home care programs this year in the following areas: Durham, Halton, York, Haldimand—Norfolk, Peel, Grey—Bruce, Simcoe, Wellington—Dufferin, Prescott—Russell—Stormont—Dundas—Glengarry, Parry Sound, North Bay, Waterloo and the Sudbury District.

Placement Co-ordination Services

Patients and families of patients requiring long-term care often have difficulty choosing the right placement, deciding among a nursing home, a home for the aged, or another institution or program.

Placement co-ordination services help these people by arranging for patients to be assessed by appropriate community agencies or hospital staff in co-operation with family physicians. The service also provides the patient with information on the types of accommodation or service available.

The service can also help people remain in their own homes by arranging for home care, public health nursing or other community-based services such as meals-on-wheels.

During this fiscal year, a placement co-ordination service was established in Kent county. It is operated by the Victorian Order of Nurses, with annual funding of $29,200. This brought to 11 the number of placement co-ordination services operating throughout the province.

Assistive Devices Program

The Assistive Devices Program was begun by the ministry July 1, 1982 to help children who are 18 or younger, and their families, purchase assistive equipment and supplies. By the end of March, after nine months of the program's operation, more than 6,000 young people received help to obtain over 9,000 pieces of equipment.

The program pays about 75 per cent of purchase costs. From the beginning it covered such devices as wheelchairs, artificial limbs and eyes, braces, hearing aids, and genito-urinary and ostomy drainage supplies. In January, 1983, respiratory supplies and equipment were added.

Chest Disease Service

Eighteen of the province's 23 chest clinics were closed this year, as a direct result of the continued decline in the incidence of tuberculosis. The unofficial total of TB cases in Ontario in 1981 was 793, or 9.02 per 100,000 population, down from 11.1 per 100,000 in 1980, and the decline is expected to continue. Patients are now cared for by their own family physicians.

Savings to the government as a result of the service's restructuring is estimated at $2.8 million a year.

The five clinics which remain in operation, all of them in Northern Ontario, were transferred to the Ministry of Labour. They will continue to provide screening for chest diseases related to mining.

Community Health Centres/Health Service Organizations

The status of health service organizations and community health centres changed this year, when the ministry announced that they will be considered full-fledged components of the health care system. For many years they had been looked on as experimental alternatives to the traditional ways of delivering local health care.

Recognition of the real value of HSOs and CHCs in community health care came about as part of a broad and on-going examination by the ministry of the whole health care system. Its purpose is to find better, more effective and more efficient ways of providing the health services that the people of Ontario need.

The change in policy toward both HSOs and CHCs is based on a study by a task force chaired by Dr. Fraser Mustard, who examined alternative primary care systems for the province.

At year-end there were 10 community health centres and 17 health service organizations in Ontario.

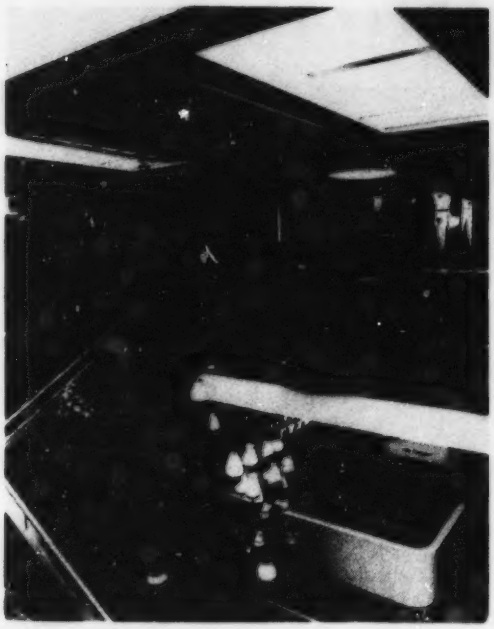
In a health service organization, a group of doctors work together to provide health services to an identified roster of patients — people who have 'joined' the HSO. The organization receives a fixed monthly payment from OHIP for each enrolled client, rather than billing on a fee-for-service basis.

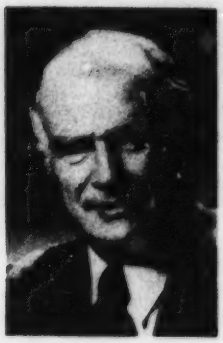
Community health centres are organized by community groups and have been funded on short-term contracts which covered professional salaries plus overheads. Now the ministry plans to place CHCs on global budgets based on the specific CHC programs provided according to defined need.

The CHC can provide a whole range of services from medical treatment to nutrition and other preventive programs.

At the beginning of the fiscal year only two per cent of the province's population received health care through HSOs and CHCs, but this number is expected to grow over the next few years.

To further their growth, the ministry provided $150,000 over three years to support the Association of Ontario Health Centres. This organization is expected to work toward an accreditation program for members, to develop management and administrative systems and methods of setting objectives and evaluating programs, and to provide advice and assistance to foster the creation of new CHCs and HSOs.





Dr. Fraser Mustard chaired a task force on Health Service Organizations and Community Health Centres.

The Group Health Centre in Sault Ste. Marie is the Largest Health Service Organization in the province.

Underserviced Area Program

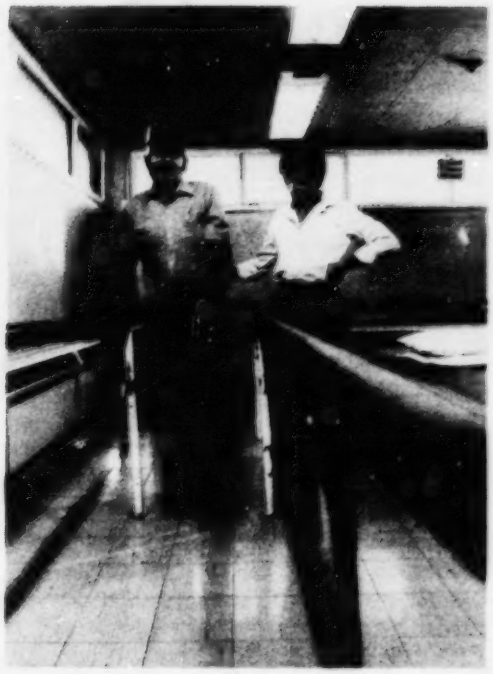
In October the fourth annual recruitment tour was held to attract health professionals to the north. On five successive nights, representatives from 40 communities were assisted by the Ministry of Northern Affairs to visit each of the five Health Science Centres in Ontario. More than 1,200 health professionals, looking for practice and health related job opportunities in the north, attended the sessions.

The program, in addition to attracting full time resident specialists to the north, provides financial incentives to specialists from the larger centres to travel to the under-serviced areas for consultations and to give in-service training to the medical and hospital staff.

One hundred and twenty-five communities have developed modern health facilities to accommodate doctors and dentists and other health personnel.

Left: Dr. Bill Copeman, head of the ministry's Underserviced Area Program, looks out from a poster used to help recruit psychiatrists for the north.

Right: A physiotherapist works with a stroke victim learning to walk again at Plummer Memorial Public Hospital in Sault Ste. Marie.



Full time physicians' services are maintained in Armstrong and Pickle Lake, two remote northern communities, by doctors from around the province who work there two weeks or more. This type of full time service is the first of its kind in the world and has been imitated by other jurisdictions.

At the end of the fiscal 1982-83 there were:

339 full time doctors

94 dentists

163 undergraduate medical students

6 undergraduate dental students

10 undergraduate physiotherapy, speech pathologists and audiologists on the program.

The program, operated by the Ministries of Health and Northern Affairs, offers bursaries for undergraduate medical and dental students, physiotherapists, speech pathologists and audiologists.

Physiotherapists Offered Grants

To improve health services available to residents of the province's underserviced areas, the ministry this year offered one-time relocation grants of $10,000 to physiotherapists. The stipulation is that they establish practices in these areas for a minimum of two years.

In addition, the ministry is covering travelling expenses for interested physiotherapists for interviews and trips to the communities involved.

Also included in this new program are five bursaries offered in 1982, and 10 in 1983 for undergraduate physiotherapy students. These $5,000 bursaries are funded by the Ministry of Northern Affairs.

Dentists' Incentives Up

The Underserviced Area Program was given a boost with an increase in the incentives attracting dentists to these regions. Dentists agreeing to practice in underserviced areas of Northern Ontario will be offered $28,000 grants paid over

four years or a guaranteed minimum net professional income of $35,000 a year.

Dental Coaches

Nine mobile dental coaches are located in underserviced areas of the province, providing dental preventive and treatment services to preschool and elementary school children.

Each coach is assigned to a geographical area for periods of two to four months in each location.

During the fiscal year an estimated 3,619 children, with 10,956 patient visits were treated.

Mobile Dental Clinic for the Disabled

The mobile dental clinic for the disabled was on the road again this year. The ministry approved a $110,000 grant for the University of Toronto's Faculty of Dentistry to continue to offer, without charge, dental service to disabled people of all ages living primarily in the underserviced areas of Ontario.

The dental service clinic went into service four years ago as part of the university's 150th anniversary program. The ministry funding began when a start-up grant from the Atkinson Charitable Foundation expired. Ministry funding will apply to the service for 1983–84 and 1984–85.

The dental clinic is housed in a special 60-foot long trailer designed and built last year. It operates year round, and is staffed by a resident graduate dentist. Three faculty residents spend a total of four months each on the coach on assignments of two months at a time.

The trailer is also staffed, part time, by students from the Faculty of Dentistry and employs a full-time dental assistant.

Inside the mobile dental unit, which offers dental service without charge to disabled people in the northern areas of the province. (Dr. Tony Hargreaves, chairman of the Faculty of Dentistry's Department of Pedodontics at the University of Toronto, standing centre.)

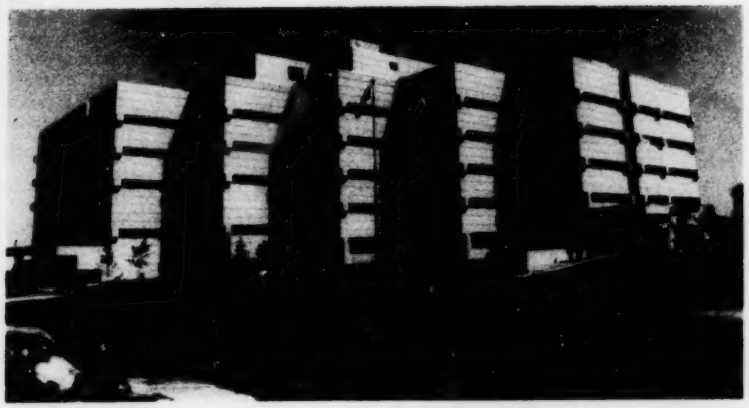
The trailer, although movable, remains in one area for a minimum of a year at a time to service all disabled people from nearby communities. This year, the trailer was stationed at the Cochrane Timiskaming Resource Centre in South Porcupine.

OHIP Kingston Move

The relocation of the Ontario Health Insurance Plan to Kingston was successfully completed this year.

The move was the cornerstone of a series of incentives to decentralize government operations into eastern Ontario, and was the culmination of seven years of planning. Involving more than 700 employees, the move was phased in over a period of two-and-a-half years.

By the fall of 1982 most OHIP employees were relocated to Kingston, into six temporary office locations, awaiting completion of the new Macdonald-Cartier Building.



Part of the head office operations of OHIP moved into the new Macdonald-Cartier building in Kingston this year.

Employees from Central Production Services moved into the new building in April, followed by Group Processing.

Later in 1983 the Ministries of Health and Government Services successfully met the biggest challenge of the relocation . . . the move of the regional computer centre which now replaces the Leaside data centre as the central computer service supporting the mammoth OHIP and Drug Benefit operation.

In Toronto a Special Services Unit was formed to answer inquiries about OHIP services during the move, and continues to provide special customer services for the Toronto area.

Throughout the move, due to the efforts of OHIP management and staff, and the OHIP Kingston relocation team, service to Ontario residents was maintained without disruption.

Ontario Drug Benefit Plan

The Ontario Drug Benefit operation moved successfully from Toronto to Kingston in August, 1982. This move involved 60 people from the pharmaceutical services section, finance and accounting, and management systems branches.

During the year, pharmaceutical services produced and distributed more than 75,000 copies of the Ontario Drug Benefit Formulary/Parcost to drug providers.

A direct bank deposit system was instituted for drug benefit payments to participating druggists: more than 70 per cent of Ontario's pharmacies are now participating in this service.

Information for Workers

This year OHIP undertook a communications program with the theme, "OHIP Works for You, Even if You're Not Working". This program was aimed at people affected by increased layoffs and unemployment. As well, during the year, OHIP officials directly contacted striking and laid-off workers through information desks at work sites and union offices to make sure that their OHIP coverage would not lapse.

Metrication Office

The Metrication Office provided administrative co-ordination as well as material and information supporting the standardization of the health system under the International System of Units (SI).

The Provincial Advisory Committee on Laboratory Medicine met periodically. This voluntary public and private sector committee is charged with bringing about the first phase of standardization. The target date for province-wide conversion for laboratory medicine is April 4, 1983.

Finance and Accounting Branch

The Finance and Accounting Branch of the ministry implemented an improved billing system during the year that will make life easier for Ontario residents who need hospital care while travelling outside the province, but inside Canada.

Under the change, outpatient hospital services were added to the interprovincial hospital reciprocal billing agreement in which Ontario participates with the other provinces and the federal government.

The system allows the hospital to bill the insurance plan in the province where it is located for services rendered to non-residents.

Ontarians should now have access to both inpatient and outpatient services across the country without delay, and the ministry will save on administrative costs.

In another move to make operations more efficient, the branch implemented an electronic funds transfer system for payments to nursing and residential homes within the extended care and homes for special care programs.

Audit Branch

During the year, the ministry's Audit Branch, which plays a significant part in the accountability and comptrollership processes, took steps to improve the effectiveness of audits of the various health care programs. These included participating in staff training and development programs in the areas of program and computer auditing.

The branch provides comprehensive audit services to the ministry's internal organization, to outside agencies and to health institutions that receive transfer payments or grants from the ministry.

Services en Français

Conformément à sa politique en matière de services en français, le ministère a créé, au cours de l'année un comité consultatif interne sur les services en français. Les trois fonctions principales du comité, qui est présidé par un sous-ministre adjoint, sont les suivantes:

— examiner les politiques actuelles en matière de services de santé en ce qui a trait à la population francophone de la province;

— formuler des recommandations pour améliorer ces services;

— aider à l'élaboration de programmes en français à l'intention des hôpitaux, des conseils régionaux de santé et autres organismes oeuvrant dans le domaine des services de santé.

On a continué, cette année, à planifier l'établissement d'un organisme central d'enseignement qui serait chargé d'administrer des programmes de formation en français dans les hôpitaux de régions désignées. Cet organisme sera responsable de la réglementation des programmes de formation dans les hôpitaux. Il aura accès aux feuilles de présence et aux résultats obtenus par les participants. Cet organisme entraînera une réduction des dépenses.

Le ministère fournit une aide spéciale aux hôpitaux pour que les publications destinées aux malades soient traduites en français. Il offre, en outre, un service d'évaluation des cours en français qui sont donnés au personnel hospitalier spécialisé.

Comme au cours des années précédentes, des fonds ont été affectés à l'élaboration de services en français. Entre autres:

— 560 000 $ à 49 hôpitaux publics répartis dans 16 régions désignées où la densité de la population francophone est importante, ainsi qu'à Toronto et Hamilton;

— 52 683 $ à Accueil médical francophone pour la création d'un centre d'information médicale en français à Toronto;

— 10 000 $ au Centre de communication d'Ottawa pour familles et patients pour l'aider aux dépenses de traduction d'informations publiques;

Le Docteur André Côté, professeur de psychiatrie adjoint a l'Université d'Ottawa, a été nommé coordonnateur des services de psychiatrie en langue française.

— un programme d'aide financière créé par le ministère avec la collaboration du ministère des Affaires du Nord pour encourager les étudiants en dentisterie, médecine, physiothérapie, phoniatrie et audiologie à faire leurs études dans le Nord de l'Ontario et, ensuite à s'y établir.

Le récent rapport provisoire sur les services de santé mentale en Ontario intitulé: "Schéma directeur—les dix prochaines années", a présenté des recommandations relativement aux services en français.

Les propositions à long terme portent, entre autres, sur le recrutement et la formation d'un nombre plus important de spécialistes francophones dans le domaine de la santé mentale (psychiatres, psychologues, infirmières en psychiatrie, travailleurs sociaux et préposés au soin des enfants), et sur la nomination d'un coordonnateur chargé d'élaborer un programme de formation pour le Nord de l'Ontario. La collaboration des ministères suivants serait nécessaire: Éducation, Collèges et Universités, Services sociaux et communautaires.

Le rapport recommande également que le ministère désigne les hôpitaux qui doivent fournir des services de santé mentale en français et établisse des comités consultatifs sur les services en français dans des hôpitaux et conseils régionaux de santé désignés.

D'après les propositions, le ministère devrait, entre temps, continuer à subventionner les programmes de formation en français (écrit et parlé) de spécialistes anglophones oeuvrant dans le domaine de la santé mentale. De plus, le ministère devrait nommer un expert-conseil indépendant qui serait chargé d'évaluer la capacité des hôpitaux psychiatriques et des services en psychiatrie des hôpitaux généraux dans les régions francophones à fournir des services en français.

Le ministère a récemment nommé le Dr. André Côté coordonnateur des services psychiatriques en français.

Le Dr Côté est professeur adjoint en psychiatrie à l'Université d'Ottawa. Il entrera en communication avec des groupes francophones et des directeurs d'hôpitaux au sujet des services psychiatriques en français.

En outre, il élaborera un plan dans le but de répondre aux besoins de la population francophone et veillera à sa mise en oeuvre.

A fin d'évaluer les services en français fournis actuellement dans les établissements de santé dans les régions désignées de la province, le ministère est censé entreprendre des études importantes dans certains hôpitaux publics et hôpitaux psychiatriques et auprès de conseils régionaux de santé.

Ces études aideront à l'établissement d'un rapport sur les services en place actuellement et les lacunes à combler. Les renseignements ainsi obtenus serviront de base à l'élaboration d'une stratégie ou d'un processus visant à mieux répondre aux besoins des francophones. Un plan d'exécution sera également dressé afin d'assurer un caractère permanent aux services en français.

Pour être en mesure de répondre à la demande à long terme en spécialistes bilingues dans le domaine de la santé, le ministère est en train d'élaborer un programme d'information à l'intention des écoles secondaires, dans le but d'attirer les jeunes Ontariens francophones à faire carrière dans le domaine de la santé.

Affirmative Action

Affirmative Action continued to chalk up steady gains for the women employed within the Ministry of Health. Twenty-seven more women moved into classes of jobs in which they have been under-represented.

Also, eight women moved to positions formerly held only by men or by only a very few women, and five women achieved levels within their job classifications never attained by female workers before.

In 13 under-represented job classifications, the female component reached the 30 per cent level that has been the objective of the Affirmative Action movement. This achievement was partly due to training provided through the Affirmative Action Program.

Training programs offered this year included a two-day micro technology workshop for 80 head office support staff and a three day conference in Toronto for Affirmative Action representatives from each ministry branch. The latter conference dealt with such subjects as career planning and counselling.

A network for Ministry of Health senior women began during the year.

AAP staff delivered 51 workshops and skill sessions to 773 women in the ministry on subjects such as resume writing, interview techniques and self-assessment. Career counselling was an integral part of these sessions.

District Health Councils

District health councils took an even larger part in advising the ministry on Ontario's health care needs this year.

There are now 25 DHCs serving over 90 per cent of Ontario's population. During the year, steering committees were examining the need and local support for two additional councils in Simcoe County and Renfrew County.

The councils are made up of volunteer representatives of health service providers, consumers and local governments. The councils plan local health care services and advise the ministry on local priorities.

Within the ministry, the district health council program consists of an executive director and area planning co-ordinators assigned to each of the six health planning areas in the province. This year, a planning and evaluation group was added to the program to co-ordinate the ministry's review of district health council recommendations and to provide more planning assistance to the councils.

This year the DHCs placed emphasis on planning for mental health services and for emergency health services.

Northern Ontario councils participated in the identification of long-term services needed in small and remote communities, as part of the Ministry of Health and Ministry of Northern Affairs joint Extended Care Capital Assistance Program.

District health councils also helped establish area perinatal services advisory committees and nominated the first member to community advisory boards for provincial psychiatric hospitals.

Councils continued to make recommendations on nursing home and chronic care needs, new hospital programs and equipment requirements, community-based mental health program proposals, and the development and expansion of planning data bases.

To begin a long-term strategic planning process for the entire health care system, Health Minister Larry Grossman in the fall of 1982 asked the DHCs to take part in a three-day policy conference sponsored by the Ontario Council of Health. Entitled "Health Care in the '80s and Beyond", the event will be held in April, 1983 and will provide the ministry with advice on both broad and specific directions for Ontario's health care in the future.

DHCs were requested to develop a series of supplementary consultative conferences for local participation in this significant new planning process. These conferences will be held in the coming fiscal year.

Ontario Health Council Studies

During the year, the Ontario Council of Health's task forces completed major studies on smoking, on diagnostic imaging and on computers in the health field.

The council's work on a review of laboratory services continued, as did a major study of broad aspects of medical manpower planning.

A major new activity for the council was its participation in three ministry policy seminars and in planning for the major conference on Health Care in the '80s and Beyond. These conferences were designed to help the minister identify future goals for the health care system and develop policy strategies.

Research Council Established

The Health Research and Development Council of Ontario was established this year —an idea which grew out of the recommendations of a task force appointed by the minister to study research.

Announced on March 3, the council will bring more streamlining and stability to health research in the province. As Minister Larry Grossman said, "It is our hope that this new approach will provide an opportunity for members of the health research community and our ministry to work together more closely to build stronger linkages between the realities that we face in the health services system and the tremendous capabilities that exist for health research."

He said the council and the government's new approaches to health research "will allow the research community to get on with its work without constant fears about funding."

The council will be reponsible for advising the minister on the spending of the ministry's annual $25 million budget for the support of health research.

The council will advise on the work and co-ordination of the statutory foundations: the Addiction Research Foundation, the Ontario Cancer Treatment and Research Foundation, and the Ontario Mental Health Foundation.

The council may also include in its overall approach to Ontario-based health research non-statutory foundations such as the Human Nutrition Research Council of Ontario, the Gerontology Research Council of Ontario, the Ontario Heart Foundation and others.

Research Grants

During the year, the ministry awarded a total of $8.1 million in 181 grants for research projects across the province. The projects ranged from a study in Metro Toronto of breast cancer screening ($203,184) to one in Waterloo to develop a smoking prevention program for use in Ontario schools ($42,051).

For the first time the grants included awards of almost $1 million in total to 19 career scientists and eight post-doctoral fellows under the ministry's new Health Research Personnel Development Program.

These awards go to universities to enable them to pay salaries to research scientists established in their fields but not on the permanent staff of a university. Each award provides for the scientist's salary for a five-year period, renewable for up to five additional years.

Chronic Skin Disease Research

The University of Toronto received a $900,000 grant from the ministry this year to conduct research into the treatment of chronic skin diseases. Dr. Colin Ramsay, Head of Dermatology at Toronto General Hospital and Professor of Dermatology at the University of Toronto, was named head of the program.

The grant was announced in March 1982, and planning started immediately for a study on the treatment of epidermolysis bullosa, including the Kozak technique. A treatment program for 18 patients began in August at three Toronto hospitals affiliated with the university's division of dermatology, Women's College Hospital, Toronto General and the Hospital for Sick Children. Three of the patients are from other Canadian provinces, and the rest are from Ontario. Enquiries continued to be received from Ontario, from other provinces, and from other countries.

Dr. Ramsay will be reporting fully on the work when the treatment has been underway long enough to permit an accurate evaluation.

Further research to be undertaken will include the study of photosensitive skin disease, mycosis fungoides, and vascular diseases as applied to chronic skin disease.

Health Discipline Study

A two-year review of legislation governing all health professions in Ontario began this year.

The study, announced in November, will recommend ways to update and restructure legislation. Each profession was asked to participate in the development of legislation for its own practitioners.

Currently there are 16 health professions regulated by six statutes. Many additional groups have requested legislation for their professions.

The Health Professions Legislation Review is being co-ordinated by Alan M. Schwartz, a Toronto lawyer, assisted by James D. Fisher and Morey M. Ewing of Canada Consulting Group in Toronto. All three have extensive experience in the development of public policy and in providing public policy advice to ministries, agencies and select legislative committees of the provincial government. Briefs have been requested from a wide range of organizations.

Chiropody Services

In the summer of 1982, the ministry appointed Charles Freebairn as its chiropody advisor. He will assist in the development of Ontario's new chiropody program. Mr. Freebairn is chief chiropodist at the Toronto General Hospital, and was previously principal of the School of Chiropody in Glasgow, Scotland.

This program is the first of its kind in Canada. It was announced in 1980 and designed to offer foot care on a province-wide basis through hospitals, nursing homes, public health departments and other health care agencies.

Expert foot care is especially important for the elderly because foot problems limit mobility, and the resultant loss of independence can lead to early insititutionalization.

Training of chiropodists began in September, 1981 at George Brown College in Toronto and at the Toronto Institute of Medical Technology, with clinical teaching provided at Toronto General Hospital.

The first chiropodists were to graduate in June, 1983, for placement in selected work settings. The adequacy of training will be assessed through the work of the first two graduating classes and the findings will be used to improve future training courses.

Agreement on Specialists

An agreement between the ministry and the province's five medical schools should result in alleviating shortages of practitioners in some medical specialities.

There has been a growing divergence in recent years between our ability to provide certain specialist services to meet new and real health care needs, and the willingness of medical graduates to train in those specialty areas. For example, with a declining birth rate and a growing elderly population, we are beginning to experience

a strong need for specialists in geriatric medicine. Yet physicians are not being attracted into this area of practice in sufficient numbers. On the other hand, more physicians than are required to meet a declining need continue to be attracted into fields such as obstetrics and pediatrics.

In order to redress inbalance in the specialty areas, the ministry, with the co-operation of the medical schools, encouraged a realignment of residency positions.

Effective July 1, 1983, 125 residency positions were realigned, from specialties with adequate or surplus supply—general internal medicine, general surgery, pediatrics, obstetrics/gynecology, ophthalmology, and diagnostic radiology—to 10 specialties identified as being in short supply: anaesthesiology, community medicine, family medicine, psychiatry, radiation oncology, rehabilitation medicine, laboratory medicine, geriatrics, neonatology and emergency medicine.

The process of consultation between the ministry and the medical schools will continue, in an on-going effort to meet changing needs.

Connaught Laboratories Grant

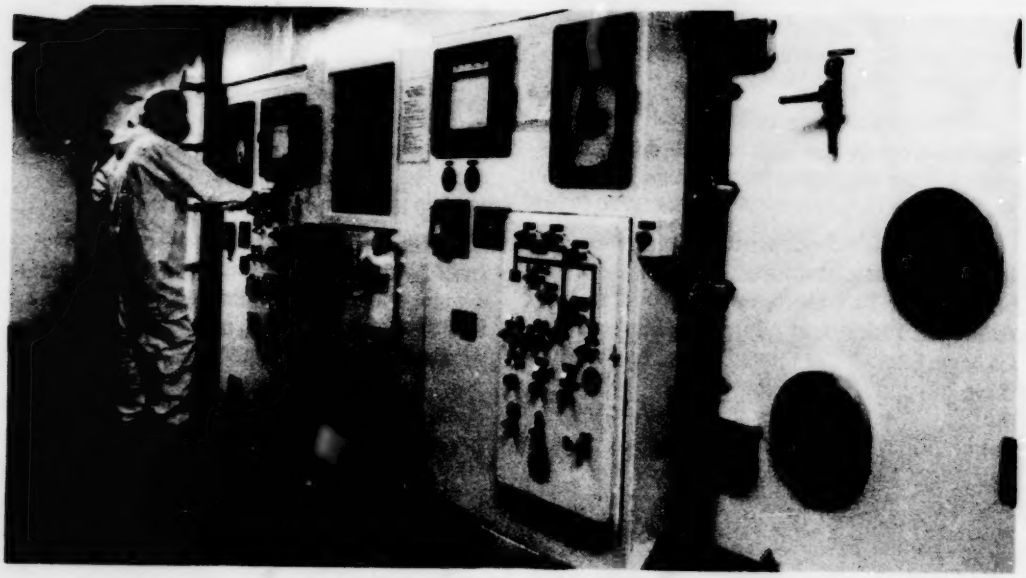
Canada moved a step closer to self-sufficiency in blood and blood products this year with the support of $3.3 million that will be provided by the province to Connaught Laboratories Limited.

The grants were announced in September by Health Minister Larry Grossman and Industry and Trade Minister Gordon Walker.

The Ontario Development Corporation will provide Connaught with $2 million towards the $6 million capital cost of replacing its plasma fractionation plant in Metro Toronto. The new plant will replace one built in 1954.

Connaught has expanded its capacity and range of products for diagnosis and treatment of diseases and blood conditions. It is now the only licensed facility in Canada that produces a full range of plasma derivatives for therapeutic purposes.

The remaining $1.3 million comes from the Ministry of Health and is for research into the production of such biological products as blood derivatives, insulin and vaccines.



Connaught's plasma fractionation plant in Metro Toronto produces a full range of plasma derivatives for therapeutic purposes.

Promotional Campaigns Promote Good Health

Using every medium from a puppet show for schoolchildren to sophisticated advertising campaigns, the ministry's Health Promotion and Information Branch told the story of the province's health care system to millions of citizens during the fiscal year.

The branch conducted several specific promotional programs during the year. One promoted the goals of the new Immunization of School Pupils Act. A media campaign aimed at elementary schoolchildren and their parents consisted of a 30-second radio commercial with a catchy jingle, "Mumps and measles you can't get me . . . I've had my shots, so you can't get me." These ran for three weeks to coincide with the beginning of the school year.

Pamphlets with information for parents, teachers and physicians about the compulsory immunization program were printed in English, French, Greek, Italian, Spanish, Portuguese, Chinese and Vietnamese. These were distributed along with posters and stickers for children carrying on the theme, "You can't get me."

Transit ads across the province stated the message: "Immunize your schoolchildren. Now it's the law."

Another ministry campaign drew public attention to the hazards of drinking unpasteurized milk. There was also a public education drive to inform the public of the risk of rabies in Ontario, resulting from a substantial increase in both the incidence of animal rabies and in the number of human exposures and treatments.

The campaign advised people to immunize their pets and not to handle strays or wild animals. The rabies van, a display which travels to different areas of the province at the request of health units, helped spread the message.

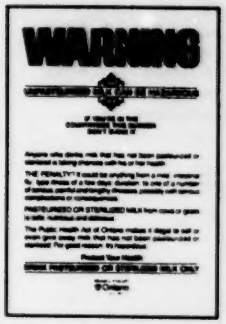
The ministry's various publicity and promotional campaigns continued to encourage and promote the development of healthy living habits. They stressed the necessity for the prevention of disease and informed people of the steps they could take for self-protection. As well, the ministry told the residents of Ontario of the wide variety of treatment facilities and services available to them.

Lifestyle messages, in particular, focused on the need for moderation in the use of alcohol, the importance of regular exercise and good diet, and the harmful effects of cigarette smoking.

For 1983, the ministry produced a colorful health calendar. The calendar gives tips on nutrition and exercise, and healthy living in general. It includes recipes, ideas for family activities and even advice on how to manage stress.

For many years, the ministry has concentrated on spreading the health promotion message among the young. This year was no exception as educational programs were taken to public schools and displays were set up in libraries and shopping malls.

"Feelin' Good", a pilot project in health education, was initiated in Thunder Bay, London and Kitchener-Waterloo, as a co-operative venture with the Ontario Heart Foundation. Teens were encouraged to run projects for other teens, ages 13 to 17, in their own community to urge them to quit smoking or not to start. A slide show, posters, pamphlets, decals and buttons were produced to publicize the program.



This poster was part of a public health campaign that warned people of the sometimes very serious consequences of drinking unpasteurized milk.

The wizard and fellow actors from Health Spell, a travelling children's theatre that teaches positive health habits through puppetry, mime and song.

Other highlights of the ministry's drive to reach young people are Health Spell, the ministry's mime and puppet show for children, and the Eat Sensibly contests held in many provincial secondary schools.

This year Health Spell was funded jointly by the Ministry of Health and the Ministry of Northern Affairs, and for the first time the show toured northeastern Ontario. Promotional support materials were available in both French and English.

With the help of an evil wizard, The Great Temptor, and through songs, puppets and mime, Health Spell illustrates to children how they can make their own decisions about nutrition, fitness and lifestyle activities. They learn that good health is their responsibility—that they can make the choices that will keep them healthy as they grow up.

In the Eat Sensibly contests, high schools across Ontario are given the opportunity to win $1,000 regional awards plus a further $1,000 grand prize. Prizes go to the schools which use the most imaginative ways to stress the value of good nutrition. The grand prize this year went to Ridgeway-Crystal Beach High School in Ridgeway.

In 1982-83 over 30,000 requests for information and publications were received by the Health Information Centre. Health care professionals, other professionals and students made half the requests and members of the public the rest.

Statement of Revenue and Expenditure

Expenditure	
Ministry Administration Program	
Main Office	6,486,222
Financial Services	6,902,466
Supply and Office Services	13,050,808
Personnel Services	3,154,528
Information Services	4,652,862
Analysis and Planning	468,589
Legal Services	602,173
Audit Services	1,458,558
Research	19,748,413
Systems Development Services	15,399,312
District Health Councils	7,224,092
Total	**79,148,023**
Institutional Health Program	
Program Administration	267,909
Emergency Health Services	96,760,263
Institutional Care Services	3,913,951,551
Laboratory Services	20,625,428
Experience '82	290,962
Total	**4,031,896,113**
Public and Mental Health	
Program Administration	294,694
Mental Health	335,104,702
Health Programs	209,644,189
Total	**545,043,585**
Health Insurance Program	**2,114,048,234**
Total Expenditure	**6,770,135,955**
Revenue	
Contributions:	
Government of Canada	20,622,706
Premiums:	
Ontario Health Insurance Plan	1,365,406,081
Loans to Public Hospitals	16,890,616
Miscellaneous	48,491,453
Total Revenue	**1,451,410,856**

Summary of Public Hospital Care

All Public Hospitals In Ontario	Year Ended March 31/83*	Year Ended March 31/82	Percentage Increase (Decrease) 1982/83
Approved Beds	48,762	48,668	0.2
Number of:			
Admissions	1,285,802	1,279,909	0.5
Discharges and deaths	1,287,260	1,278,939	0.7
Patients under care during year	1,325,000	1,322,373	0.2
Total Patient days:			
Discharges and deaths	14,546,000	14,502,489	0.3
Care given during year	15,318,346	15,113,330	1.4
Average length of stay:			
Acute	8.7	8.7	—
General rehabilitation	34.0	35.7	(4.8)
Chronic	210.0	215.4	(2.5)
Psychiatric**	29.3	29.3	—
Alcohol and Drug Addiction***	27.1	27.5	(1.5)
Special rehabilitation	44.1	43.4	1.6
Overall average	11.3	11.3	—
Number of radiological examinations—diagnostic:			
In-patients	1,883,000	1,848,525	1.9
Out-patients	3,615,000	3,550,724	1.8
Total units of laboratory service in hospitals:			
In-patients	434,965,000	421,478,214	3.2
Out-patients	198,553,000	187,314,476	6.0
Referred-In	65,898,000	59,261,079	11.2
Routine health	155,632,000	145,722,883	6.8
Total staff and employees of hospitals:			
Full-time	100,000	98,560	1.5
Part-time	40,000	36,387	9.9

*1983 data is preliminary for the fiscal year ending March 31, 1983.
**Refers to Clarke Institute and Sudbury Algoma Hospital. Psychiatric units included in Acute.
***Refers to Donwood Institute only.

Inventory of Approved Institutional Beds

	As at March 31/83*	As at March 31/82
Public Hospitals		
Acute**	36,314	36,324
Chronic***	12,448	12,334
	48,762	48,668
Private Hospitals		
Acute	322	322
Chronic	507	525
Nursing Homes	28,941	28,686
Homes for the Aged****	12,881	12,911
Total of all Institutions	91,413	91,112

*Subject to audit
**Acute includes Psychiatric Beds
***Chronic includes Special and General Rehabilitation Beds
****Extended Care only

Summary of Ontario Home Care Program Activities

	Acute	Long Term (Chronic)
Admissions	90,151	21,564
Discharges	85,421	19,196
Caseload	180,577	122,364
Total Patient Days	2,692,758	2,627,310
Average Length of Stay	30	135
Total Professional Visits		
Nursing	1,000,923	664,429
Occupational Therapy	49,277	12,523
Physiotherapy	166,376	63,989
Speech Pathologist	5,269	1,653
Nutrition	2,783	1,223
Social Work	3,605	4,353
Total Homemaking Hours	1,001,605	1,677,194

Vaccine Distributed—April 1, 1982-March 31, 1983

Vaccine Distributed	Doses Distributed	Dollar Value
Diphtheria Toxin Schick Test (SCREEN)	71,620	28,100
Diphtheria Toxoid (STAR)	15,780	27,608
Diphtheria Toxoid (LIGHT)	7,905	9,970
Diphtheria Toxoid (ROCKET, COMET)	7,045	5,654
Diphtheria Toxoid Pertussis and Tetanus (EARTH)	54,625	70,300
Diphtheria Toxoid, Tetanus Toxoid (TURF)	11,800	12,256
Pertussis Vaccine (WHOOP)	8,015	11,981
Rabies Vaccine (HUMAN DIPLOID)	13,480	712,969
Tetanus Toxoid (GRAIN)	256,790	432,228
Tetanus and Diphtheria Adsorbed	7,700	13,211
Diphtheria Antitoxin (FAWN)	49	2,359
Tetanus Antitoxin (BIRCH)	0	0
Rabies Antiserum (HORSE SERUM)	0	0
Diphtheria, Tetanus, Pertussis and Polio Vaccine (QUAD)	755,305	3,045,780
Diphtheria, Tetanus, and Polio Vaccine (TRIAD)	583,190	2,214,053
Tetanus and Polio Vaccine (BIAD)	502,125	1,945,800
Polio Vaccine Oral (SABIN)	16,010	14,832
Polio Vaccine Unigen (LAKE)	126,485	470,650
Polio Vaccine (RABBLE)	394	38,639
Rabies Immune Serum (HUMAN)	9,181	661,422
Rabies Tissue Culture (RACE)	34	625
Antivenin	21	612
Rubella	38,420	119,691
Duck Embryo	0	0
Measles-Mumps-Rubella	445,870	2,104,656
Rifampin	0	0
Heptavax	2,862	117,617
TOTAL	2,934,706	$12,061,013

Summary of OHIP Activities for Fiscal 1982/83

Enrolment	Certificates		Participants	
Average number of certificates and participants during 1982/83				
Single	1,825,535	(43.4%)	1,825,535	(21.0%)
Family	2,381,414	(56.6%)	6,852,526	(79.0%)
TOTAL	4,206,949		8,678,061	
Groups	2,189,868	(52.0%)	5,278,499	(60.8%)
Full pay	466,054	(11.1%)	1,006,721	(11.6%)
Partially assisted	4,513	(0.1%)	7,827	(0.1%)
Fully assisted	267,585	(6.4%)	425,566	(4.9%)
Temporary assisted	65,918	(1.6%)	114,772	(1.3%)
65 and over	924,135	(22.0%)	1,299,409	(15.0%)
D.V.A.	21,159	(0.5%)	41,492	(0.5%)
Municipal welfare	107,098	(2.5%)	192,174	(2.2%)
Provincial welfare	160,619	(3.8%)	311,601	(3.6%)

Total Claim Payments Paid during year	$1,846,533,110

Service distribution (all payments)	
Medical	$1,693,886,352 (91.7%)
Dental	6,583,262 (0.4%)
Optometric	30,409,300 (1.6%)
Chiropractic	41,642,627 (2.3%)
Osteopathic	384,383 (—)
Chiropody	4,302,227 (0.2%)
Physiotherapy	12,234,228 (0.7%)
Out of Province Hospital	57,090,731 (3.1%)

Mode of Payment (Based on claims payments)	Physician %	Subscriber %
Medical	90.6	9.4
Dental	98.4	1.6
Optometric	96.8	3.2
Chiropractic	98.1	1.9
Osteopathy	97.2	2.8
Chiropody	92.3	7.7
Physiotherapy	100.0	—
Overall	91.0	9.0

Revenue	
Net premium revenue for combined plan	$1,365,406,081

Ontario Drug Benefit Plan

April 1, 1982 to March 31, 1983

1. EXPENDITURES

Health	— $211,549,607.86
COMSOC	— $ 38,559,005.70
PLAN TOTAL	— $250,108,613.56

2. ELIGIBLE PERSONS

Group	Eligible Persons	Actual Recipients
OAS (Over 65)	892,100	789,195
Home Care	12,488	12,488
Extended Care	11,143	11,143
Homes for Special Care	3,673	3,673
Others	177	177
General Welfare	201,069	201,069
Family Benefits	231,833	192,829
TOTALS	1,352,483	1,210,574

3. CLAIMS PAID

Regular Claims	22,327,454
Special Claims	1,019,200
TOTAL ODB CLAIMS	23,346,654

4. AVERAGE PRICE PAID PER

"FEE FOR SERVICE" CLAIMS	= $10.41
AVERAGE DISPENSING FEE	= $ 4.20
AVERAGE DRUG COST	= $ 6.21

Ministry Staff Strength

As of March 31, 1983, including full-time unclassified staff.

Full-Time

Branches	4,134
Psychiatric Hospitals	6,973
TOTAL	11,107

Part-Time

Branches	126
Psychiatric Hospitals	739
TOTAL	865

COMBINED TOTAL	11,972